

SERFF Tracking Number:	LMUG-125300646	State:	Arkansas
First Filing Company:	Liberty Insurance Corporation, ...	State Tracking Number:	AR-PC-07-026163
Company Tracking Number:	LWCR-AR-079-07		
TOI:	16.0 Workers Compensation	Sub-TOI:	16.0004 Standard WC
Product Name:	Workers Compensation		
Project Name/Number:	1-1-2008 WC Rate /LWCR-AR-079-07		

## Filing at a Glance

Companies: Liberty Insurance Corporation, Liberty Mutual Fire Insurance Company, LM Insurance Corporation, Liberty Mutual Insurance Company, The First Liberty Insurance Corporation

Product Name: Workers Compensation	SERFF Tr Num: LMUG-125300646	State: Arkansas
TOI: 16.0 Workers Compensation	SERFF Status: Closed	State Tr Num: AR-PC-07-026163
Sub-TOI: 16.0004 Standard WC	Co Tr Num: LWCR-AR-079-07	State Status:
Filing Type: Rate	Co Status:	Reviewer(s): Betty Montesi, Carol Stiffler, Brittany Yielding
	Author: Judith Weber	Disposition Date: 09/21/2007
	Date Submitted: 09/21/2007	Disposition Status: Approved
Effective Date Requested (New): 01/01/2008		Effective Date (New): 01/01/2008
Effective Date Requested (Renewal): 01/01/2008		Effective Date (Renewal):

## General Information

Project Name: 1-1-2008 WC Rate	Status of Filing in Domicile: Not Filed
Project Number: LWCR-AR-079-07	Domicile Status Comments:
Reference Organization: NCCI	Reference Number: #AR-2007-10
Reference Title: Arkansas-Approved Voluntary Advisory Loss Costs and	Advisory Org. Circular: NCCI AR-2007-13
Rating Values and Assigned Risk Rates and Rating Values to be effective January 1, 2008	

Filing Status Changed: 09/21/2007

State Status Changed: 09/21/2007

Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

The captioned companies submit this filing to implement the NCCI Arkansas Approved Voluntary Loss Costs and Rating Values effective January 1, 2008 with our current filed and approved loss cost multipliers as shown below:

Liberty Mutual Insurance Company	1.488
Liberty Mutual Fire Insurance Company	1.235
LM Insurance Corporation	0.803
The First Liberty Insurance Corporation	1.488

<i>SERFF Tracking Number:</i>	<i>LMUG-125300646</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>1-1-2008 WC Rate /LWCR-AR-079-07</i>		
<b>Liberty Insurance Corporation</b>	<b>1.019</b>		

The loss costs and rating values we are referencing are part of the NCCI Item Filing #AR-2007-10.

Please approved this filing submission.

## Company and Contact

### Filing Contact Information

Judith Weber, State Filing Analyst	Judy.Weber@Wausau.com
P.O. Box 8070	(877) 792-8728 [Phone]
Wausau, WI 54402-8070	(715) 842-6828[FAX]

### Filing Company Information

Liberty Insurance Corporation	CoCode: 42404	State of Domicile: Illinois
PO BOX 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 03-0316876	

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Liberty Mutual Fire Insurance Company	CoCode: 23035	State of Domicile: Wisconsin
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-1924000	

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LM Insurance Corporation	CoCode: 33600	State of Domicile: Iowa
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-3058504	

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Liberty Mutual Insurance Company	CoCode: 23043	State of Domicile: Massachusetts
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-1543470	

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The First Liberty Insurance Corporation	CoCode: 33588	State of Domicile: Iowa
PO Box 8070	Group Code: 111	Company Type:
Wausau, WI 54402-8070	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 04-3058503	

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<i>First Filing Company:</i>	<i>Liberty Insurance Corporation, ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026163</i>
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## Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 fee for adopting loss costs with no change in LCMs.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Liberty Mutual Fire Insurance Company	\$50.00	09/21/2007	15752371
Liberty Mutual Insurance Company	\$0.00	09/21/2007	
The First Liberty Insurance Corporation	\$0.00	09/21/2007	
LM Insurance Corporation	\$0.00	09/21/2007	
Liberty Insurance Corporation	\$0.00	09/21/2007	

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## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved	Carol Stiffler	09/21/2007	09/21/2007

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## Disposition

Disposition Date: 09/21/2007  
Effective Date (New): 01/01/2008  
Effective Date (Renewal):  
Status: Approved  
Comment:

Rate data does NOT apply to filing.

### Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	NAIC Loss Cost Filing Document for Workers' Compensation	Approved	Yes
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	Manual Pages	Approved	Yes

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## **Rate Information**

Rate data does NOT apply to filing.



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## Supporting Document Schedules

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	Uniform Transmittal Document-Property & Casualty	Approved 09/21/2007
<b>Bypass Reason:</b>	Information contained in the General Information Tab.	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	NAIC Loss Cost Filing Document for Workers' Compensation	Approved 09/21/2007
<b>Bypass Reason:</b>	Not Applicable as we are not changing LCMs.	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Bypassed -Name:</b>	NAIC loss cost data entry document	Approved 09/21/2007
<b>Bypass Reason:</b>	Not Applicable as we are not changing LCMs.	
<b>Comments:</b>		

	<b>Review Status:</b>	
<b>Satisfied -Name:</b>	Manual Pages	Approved 09/21/2007
<b>Comments:</b>	Attached are the Misc Values pages and Retro pages.	
<b>Attachments:</b>		
	AR_Lib_Misc Values Filing Pages.pdf	
	AR-Lib Retro Pages 1-08.pdf	

### General Footnotes

LMIC Liberty Mutual Insurance Company  
 LMFIC Liberty Mutual Fire Insurance Company  
 LM Ins Corp LM Insurance Corporation  
 TFLIC The First Liberty Insurance Corporation  
 LIC Liberty Insurance Corporation

- A Rates for each individual risk must be obtained by Home Office from Rating Organization having jurisdiction.
- D Special disease rule for the classification-- See **Basic Manual** Rule 3-A-7 of Manual Supplement-- Treatment of disease Coverage.
- E Classification involving specific disease loading. See Table of Specific Disease Loadings for amount.
- F Rate provides for coverage under the United States Longshore and Harbor Workers Compensation Act and its extensions. Rate contains a provision for federal assessment.
- M Rate provides for coverage under Admiralty Law and Federal Employers' Liability Act (FELA). A provision for the USL & HW assessment is included for those classifications under Program II USL Act.
- N This code is part of a ratable/non-ratable group shown below. The statistical non-ratable code and the corresponding rate are applied in addition to the basic classification when determining premium.

Class Code	Non-Ratable Element Code
4771	0771
7405	7445
7431	7453

- P Classification is computed on a per capita basis.
- X Refer to special classification phraseology in these pages which is applicable in this state.

**\* Class Codes with Specific Footnotes**

1005 Includes a non-ratable disease element (shown below). (For coverage written separately for federal benefits only for coverage written separately for state benefits only, both shown below.)

	LMIC	LMFIC	LM Ins Corp	TFLIC	LIC
Non-ratable disease	4.24	3.52	2.29	4.24	2.90
Federal benefits only	3.20	2.66	1.73	3.20	2.19
State benefits only	1.04	0.86	0.56	1.04	0.71

1016 Includes a non-ratable disease element (shown below). (For coverage written separately for federal benefits only for coverage written separately for state benefits only, both shown below.)  
It also includes a catastrophe loading (shown below).

	LMIC	LMFIC	LM Ins Corp	TFLIC	LIC
Non-ratable disease	16.96	14.08	9.15	16.96	11.62
Federal benefits only	12.78	10.61	6.90	12.78	8.75
State benefits only	4.18	3.47	2.26	4.18	2.86
Catastrophe loading	0.15	0.12	0.08	0.15	0.10

6702 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.215.

6703 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost x 2.14 and elr x 1.982.

6704 Loss cost and rating values only appropriate for laying or relaying of tracks or maintenance of way-no work on elevated railroads. Otherwise, assign appropriate construction or erection class loss cost and elr each x 1.35.

7409 Payroll is subject to a maximum of \$600 per week per employee effective January 1, 2005.

7420 Payroll is subject to a maximum of \$600 per week per employee effective July 1, 2006.

8018 See Arkansas Special Classification for Warehousing-groceries exclusively.

8833 A special tuberculosis charge (shown below) is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to NCCI for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.  
The ex-medical advisory rate for this classification is shown below.

	LMIC	LMFIC	LM Ins Corp	TFLIC	LIC
Tuberculosis	0.15	0.12	0.08	0.15	0.10
Ex-medical	0.64	0.53	0.35	0.64	0.44

9040 A special tuberculosis charge (shown below) is to be added to this rate whenever this class is applied to a hospital or sanitarium specializing in the treatment of tuberculosis. Apply to NCCI for the appropriate loading when this class is applied to a General Hospital operating a tubercular ward or department.  
The ex-medical advisory rate for this classification is shown below.

	LMIC	LMFIC	LM Ins Corp	TFLIC	LIC
Tuberculosis	0.15	0.12	0.08	0.15	0.10
Ex-medical	1.85	1.53	1.00	1.85	1.26

TABLE OF SPECIFIC DISEASE LOADINGS  
DISEASE SYMBOLS

Asb = Asbestos                      S = Silica

Code No.	LMIC	LMFIC	LM INS Corp	TFLIC	LIC	Disease Symbol
0059D	0.31	0.26	0.17	0.31	0.21	S
0065D	0.06	0.05	0.03	0.06	0.04	S
0066D	0.06	0.05	0.03	0.06	0.04	S
0067D	0.06	0.05	0.03	0.06	0.04	S
1164E	0.09	0.07	0.05	0.09	0.06	S
1165E	0.04	0.04	0.02	0.04	0.03	S
1624E	0.04	0.04	0.02	0.04	0.03	S
1710E	0.06	0.05	0.03	0.06	0.04	S
1741E	0.25	0.21	0.14	0.25	0.17	S
1803D	0.25	0.21	0.14	0.25	0.17	S
1852D	0.04	0.04	0.02	0.04	0.03	Asb
3081D	0.04	0.04	0.02	0.04	0.03	S
3082D	0.06	0.05	0.03	0.06	0.04	S
3085D	0.06	0.05	0.03	0.06	0.04	S
3175D	0.03	0.02	0.02	0.03	0.02	S
4024E	0.01	0.01	0.01	0.01	0.01	S
5508D	0.03	0.02	0.02	0.03	0.02	S
6251D	0.06	0.05	0.03	0.06	0.04	S
6252D	0.04	0.04	0.02	0.04	0.03	S
6260D	0.03	0.02	0.02	0.03	0.02	S

Liberty Mutual Group	Arkansas
Workers Compensation and Employers' Liability	Miscellaneous Values
Effective Date: 01-01-2008	

[ ] MISCELLANEOUS VALUES

**Basis of Premium** applicable in accordance with the **Basic Manual** footnote instructions for Code:

7370 --"Taxicab Co.":

Employee operated vehicles .....	\$46,220.00
Leased or rented vehicles .....	\$30,813.00

7420 --"Aviation - Aerial Application, Seeding, Herding, or Scintillometer Surveying - Flying Crew"

Maximum payroll per week per employee .....	\$600.00
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**Expense Constant** applicable in accordance with **Basic Manual** Rule 3 - A - 11 ..... \$200.00

**Domestic Terrorism, Earthquakes and Catastrophic Industrial Accidents**

LMIC	LMFIC	LM Ins Corp	TFLIC	LIC
0.01	0.01	0.01	0.01	0.01

**Foreign Terrorism**

LMIC	LMFIC	LM Ins Corp	TFLIC	LIC
0.03	0.02	0.02	0.03	0.02

**Maximum Payroll** applicable in accordance with **Basic Manual** Rule 2-E-1 -- "Executive Officers" and the

**Basic Manual** footnote instructions for Code 9178 -- "Athletic Team: Non-Contact Sports," Code 9179 - "Athletic Team: Contact Sports," and code 9186 -- "Carnival--Traveling" .....

\$2,400.00

**Minimum Payroll** applicable in accordance with **Basic Manual** Rule 2 - E - 1 - "Executive Officers". ....

\$300.00

**Per Passenger Seat Surcharge** - In accordance with the **Basic Manual** footnote instructions for

Code 7421, the surcharge is:

Maximum surcharge per aircraft .....	\$1,000.00
Per passenger seat .....	\$100.00

**Premium Determination for Partners and Sole Proprietors and Members of Limited Liability Companies**

in accordance with Basic Manual Rule 2 -E - 3 .....

\$30,800.00

**Premium Discount Percentages** (See **Basic Manual** Rule 3 - A - 19). The following

premium discounts are applicable to Standard Premiums:

		LIC, LMFIC LM Ins Corp <u>TYPE A TBL 9</u>	LMIC TFLIC <u>TYPE B TBL 10</u>
First	\$10,000 .....	0.0%	0.0%
Next	\$190,000 .....	9.1%	5.1%
Next	\$1,550,000 .....	11.3%	6.5%
Over	\$1,750,000+ .....	12.3%	7.5%

**United States Longshore and Harbor Workers' Compensation Coverage Percentage** applicable only

in connection with **Basic Manual** Rule 3 - A - 4 .....

90%

(Multiply a Non-F classification loss cost by a factor of 1.90 to adjust for differences in benefits and loss-based expenses. This factor is the product of the adjustment for differences in benefits (1.67) and the adjustment for differences in loss-based expenses (1.139).)

**Experience Rating Eligibility**

A risk is eligible for intrastate experience rating when the payrolls or other exposures developed in the last year or last two years of the experience period produced a premium of at least \$8,000. If more than two years, an average annual premium of at least \$4,000 is required. Page A-1 of the **Experience Rating Plan Manual** should be referenced for the latest approved eligibility amounts by state.

Liberty Mutual Group	Arkansas
Workers Compensation and Employers' Liability	Deductible Credits
Effective Date: 01-01-2008	

**Total Small Dollar Deductible Credits**  
(as percentage of Premium)

Applicable to Total Losses per Claim

Credit Amount	Hazard Group						
	A	B	C	D	E	F	G
\$ 1000 deductible	7.3%	6.0%	5.2%	4.3%	3.6%	2.5%	1.9%
\$ 1500 deductible	8.9%	7.3%	6.4%	5.4%	4.6%	3.2%	2.5%
\$ 2000 deductible	10.2%	8.4%	7.3%	6.3%	5.3%	3.8%	3.0%
\$ 2500 deductible	11.3%	9.4%	8.2%	7.0%	6.0%	4.3%	3.3%
\$ 3000 deductible	12.3%	10.2%	8.9%	7.7%	6.6%	4.8%	3.7%
\$ 3500 deductible	13.2%	11.0%	9.6%	8.3%	7.1%	5.3%	4.1%
\$ 4000 deductible	14.0%	11.7%	10.3%	8.9%	7.7%	5.8%	4.4%
\$ 4500 deductible	14.7%	12.3%	10.9%	9.5%	8.2%	6.2%	4.8%
\$ 5000 deductible	15.5%	13.0%	11.5%	10.0%	8.7%	6.6%	5.1%

**Total Small Dollar Deductible Credits**  
(as percentage of Premium)

Applicable to Medical Losses per Claim

Credit Amount	Hazard Group						
	A	B	C	D	E	F	G
\$ 1000 deductible	7.1%	5.8%	5.0%	4.2%	3.5%	2.4%	1.9%
\$ 1500 deductible	8.5%	7.0%	6.0%	5.1%	4.3%	3.0%	2.3%
\$ 2000 deductible	9.6%	7.9%	6.9%	5.8%	4.9%	3.5%	2.7%
\$ 2500 deductible	10.5%	8.7%	7.6%	6.4%	5.5%	3.9%	3.0%
\$ 3000 deductible	11.3%	9.4%	8.2%	7.0%	5.9%	4.3%	3.3%
\$ 3500 deductible	12.0%	10.0%	8.7%	7.5%	6.4%	4.7%	3.6%
\$ 4000 deductible	12.6%	10.5%	9.2%	7.9%	6.8%	5.0%	3.9%
\$ 4500 deductible	13.2%	11.0%	9.6%	8.3%	7.2%	5.3%	4.1%
\$ 5000 deductible	13.7%	11.5%	10.1%	8.7%	7.5%	5.6%	4.3%

**Total Small Dollar Deductible Credits**  
(as percentage of Premium)

Applicable to Indemnity Losses per Claim

Credit Amount	Hazard Group						
	A	B	C	D	E	F	G
\$ 1000 deductible	1.6%	1.3%	1.2%	1.1%	1.0%	0.8%	0.6%
\$ 1500 deductible	2.2%	1.8%	1.6%	1.5%	1.4%	1.2%	0.9%
\$ 2000 deductible	2.7%	2.2%	2.1%	1.9%	1.7%	1.5%	1.1%
\$ 2500 deductible	3.2%	2.7%	2.5%	2.3%	2.0%	1.8%	1.3%
\$ 3000 deductible	3.6%	3.1%	2.9%	2.6%	2.4%	2.0%	1.5%
\$ 3500 deductible	4.1%	3.4%	3.2%	3.0%	2.6%	2.2%	1.7%
\$ 4000 deductible	4.4%	3.7%	3.5%	3.2%	2.9%	2.5%	1.9%
\$ 4500 deductible	4.8%	4.1%	3.7%	3.5%	3.1%	2.6%	2.1%
\$ 5000 deductible	5.1%	4.3%	4.0%	3.7%	3.3%	2.9%	2.2%

<b>Formula for Credit:</b>	$1.00 - \frac{(1-kf)E + a}{E + a + n}$	=	$\frac{fE}{E + a + n}$	* k
Where:				
k = LER	a = LAE provision = 0.169*E = 0.096			
f = Safety Factor = 0.70	n = fixed expense = 0.061			
E = Retro ELR = 0.566				

## Retrospective Rating Values

Classes Other than USL&HW  
Applicable to Policies Other than Assigned Risk  
**Arkansas**  
Effective January 1, 2008

Liberty Mutual Insurance Company (LMIC)  
Liberty Mutual Fire Insurance Company (LMFIC)  
LM Insurance Company (LM)  
The First Liberty Insurance Corporation (TFLIC)  
Liberty Insurance Corporation (LIC)

### Hazard Group Differentials

A	B	C	D	E	F	G
1.890	1.420	1.260	1.130	0.980	0.790	0.590

### Tax Multipliers

- a. State (non-F classes) 1.062
- b. Federal classes, or non-F classes where rate is increased by the USL&HW Act Percentage. 1.142

### 2008 Table of Expected Loss Ranges

Effective January 1, 2008

<u>Expected Loss Ratio</u>	<u>Expected Loss and Allocated Expense Ratio</u>
0.566	0.622

### Excess Loss Factors

(Applicable to New and Renewal Policies)

Per Accident	HAZARD GROUPS						
<u>Limitation</u>	A	B	C	D	E	F	G
25,000	0.253	0.293	0.315	0.337	0.362	0.398	0.431
30,000	0.233	0.272	0.296	0.317	0.344	0.381	0.416
35,000	0.217	0.254	0.278	0.300	0.328	0.366	0.404
40,000	0.201	0.239	0.263	0.285	0.313	0.352	0.391
50,000	0.178	0.214	0.237	0.259	0.288	0.328	0.370
75,000	0.140	0.170	0.193	0.214	0.242	0.283	0.328
100,000	0.116	0.143	0.165	0.184	0.211	0.250	0.298
125,000	0.100	0.123	0.144	0.162	0.188	0.226	0.274
150,000	0.089	0.110	0.129	0.145	0.170	0.207	0.255
175,000	0.080	0.099	0.117	0.132	0.155	0.192	0.239
200,000	0.072	0.090	0.108	0.122	0.144	0.178	0.225
250,000	0.063	0.078	0.094	0.106	0.126	0.158	0.204
300,000	0.055	0.068	0.084	0.095	0.113	0.142	0.187
350,000	0.049	0.061	0.076	0.086	0.102	0.130	0.173
400,000	0.045	0.056	0.069	0.078	0.094	0.120	0.162
450,000	0.041	0.051	0.065	0.072	0.087	0.111	0.153
500,000	0.039	0.048	0.060	0.068	0.082	0.105	0.144
600,000	0.035	0.043	0.053	0.061	0.072	0.093	0.131
700,000	0.032	0.039	0.049	0.055	0.066	0.085	0.121
800,000	0.030	0.036	0.045	0.051	0.061	0.079	0.113
900,000	0.028	0.034	0.042	0.047	0.057	0.074	0.106
1,000,000	0.026	0.032	0.039	0.045	0.053	0.069	0.100
2,000,000	0.015	0.019	0.025	0.028	0.034	0.045	0.066
5,000,000	0.007	0.009	0.011	0.013	0.016	0.022	0.036
7,000,000	0.005	0.006	0.008	0.009	0.011	0.016	0.026
10,000,000	0.003	0.004	0.005	0.007	0.008	0.011	0.018

### Excess Loss and Allocated Expense Factors

(Applicable to New and Renewal Policies)

Per Accident	HAZARD GROUPS						
<u>Limitation</u>	A	B	C	D	E	F	G
25,000	0.299	0.342	0.366	0.390	0.416	0.453	0.487
30,000	0.278	0.320	0.345	0.369	0.397	0.436	0.472
35,000	0.259	0.301	0.327	0.350	0.380	0.420	0.459
40,000	0.242	0.284	0.310	0.335	0.364	0.406	0.446
50,000	0.217	0.256	0.282	0.307	0.338	0.381	0.425
75,000	0.172	0.207	0.233	0.256	0.287	0.332	0.381
100,000	0.144	0.176	0.200	0.223	0.253	0.297	0.348
125,000	0.125	0.153	0.176	0.197	0.227	0.270	0.321
150,000	0.111	0.136	0.159	0.178	0.207	0.248	0.300
175,000	0.100	0.123	0.144	0.162	0.189	0.230	0.282
200,000	0.091	0.113	0.133	0.150	0.176	0.215	0.267
250,000	0.079	0.097	0.116	0.131	0.154	0.191	0.242
300,000	0.070	0.085	0.103	0.117	0.138	0.172	0.223
350,000	0.062	0.077	0.093	0.105	0.125	0.157	0.207
400,000	0.057	0.070	0.085	0.097	0.115	0.145	0.193
450,000	0.052	0.064	0.079	0.089	0.107	0.136	0.182
500,000	0.049	0.060	0.074	0.083	0.100	0.127	0.173
600,000	0.043	0.053	0.066	0.074	0.089	0.114	0.157
700,000	0.039	0.048	0.060	0.068	0.081	0.103	0.145
800,000	0.036	0.044	0.056	0.063	0.075	0.096	0.136
900,000	0.034	0.042	0.052	0.058	0.070	0.089	0.127
1,000,000	0.032	0.039	0.049	0.055	0.065	0.084	0.120
2,000,000	0.019	0.024	0.031	0.035	0.042	0.054	0.081
5,000,000	0.008	0.011	0.015	0.017	0.021	0.028	0.044
7,000,000	0.005	0.007	0.010	0.011	0.015	0.020	0.032
10,000,000	0.004	0.005	0.007	0.008	0.010	0.014	0.023

### Retrospective Premium Development Factors

With Loss Limit			
1st	2nd	3rd	
Adj.	Adj.	Adj.	
0.05	0.03	0.03	
Without Loss Limit			4th & Subs.
1st	2nd	3rd	
Adj.	Adj.	Adj.	Adj.
0.12	0.08	0.08	0.00

With Loss Limit			
1st	2nd	3rd	
Adj.	Adj.	Adj.	
0.06	0.04	0.04	
Without Loss Limit			4th & Subs.
1st	2nd	3rd	
Adj.	Adj.	Adj.	Adj.
0.13	0.09	0.09	0.00

# Retrospective Rating Values

for USL&HW Classes Only

Arkansas

Effective January 1, 2008

Liberty Mutual Insurance Company (LMIC)  
 Liberty Mutual Fire Insurance Company (LMFIC)  
 LM Insurance Company (LM)  
 The First Liberty Insurance Corporation (TFLIC))  
 Liberty Insurance Corporation (LIC)

Expected <u>Loss Ratio</u>	Expected Loss and <u>Allocated Expense Ratio</u>
0.566	0.622

<u>Tax Multipliers</u>	
State	1.062
Federal	1.142

## Excess Loss Factors

(Applicable to New and Renewal Policies)

Per Accident <u>Limitation</u>	C&D <u>II</u>	E&F <u>III</u>	G <u>IV</u>
25,000	0.355	0.421	0.451
30,000	0.338	0.405	0.440
35,000	0.324	0.391	0.427
40,000	0.311	0.379	0.416
50,000	0.290	0.357	0.398
75,000	0.248	0.316	0.355
100,000	0.221	0.282	0.324
125,000	0.198	0.257	0.295
150,000	0.181	0.237	0.275
175,000	0.166	0.218	0.255
200,000	0.155	0.204	0.240
250,000	0.137	0.181	0.214
300,000	0.123	0.163	0.195
500,000	0.091	0.121	0.145
1,000,000	0.060	0.079	0.093
2,000,000	0.040	0.051	0.059
5,000,000	0.023	0.030	0.034

## Excess Loss and Allocated Expense Factors

(Applicable to New and Renewal Policies)

Per Accident <u>Limitation</u>	C&D <u>II</u>	E&F <u>III</u>	G <u>IV</u>
25,000	0.414	0.476	0.507
30,000	0.396	0.460	0.496
35,000	0.380	0.445	0.482
40,000	0.370	0.436	0.474
50,000	0.346	0.416	0.454
75,000	0.305	0.370	0.411
100,000	0.273	0.337	0.379
125,000	0.248	0.309	0.349
150,000	0.228	0.286	0.326
175,000	0.211	0.265	0.304
200,000	0.197	0.248	0.287
250,000	0.174	0.222	0.256
300,000	0.157	0.200	0.233
500,000	0.117	0.149	0.175
1,000,000	0.077	0.097	0.114
2,000,000	0.051	0.063	0.072
5,000,000	0.030	0.037	0.041